

Name
in
Full

CERTIFICATE OF DEATH

Simp Bailey

Town

County

Died at

Pocomoke City

Theriot

MARYLAND

Date

1906

Month

9

Day

2

Years

Age About 65

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Md.

Occupation

Sailor

Where Residing if not
at place of death

r

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

r

Father's
Name

Do not know

Father's
Birthplace

r

Mother's
Maiden Name

Do not know

Mother's
Birthplace

r

Name of person giving
information

r

How related
to deceased

r

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Alcoholism

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

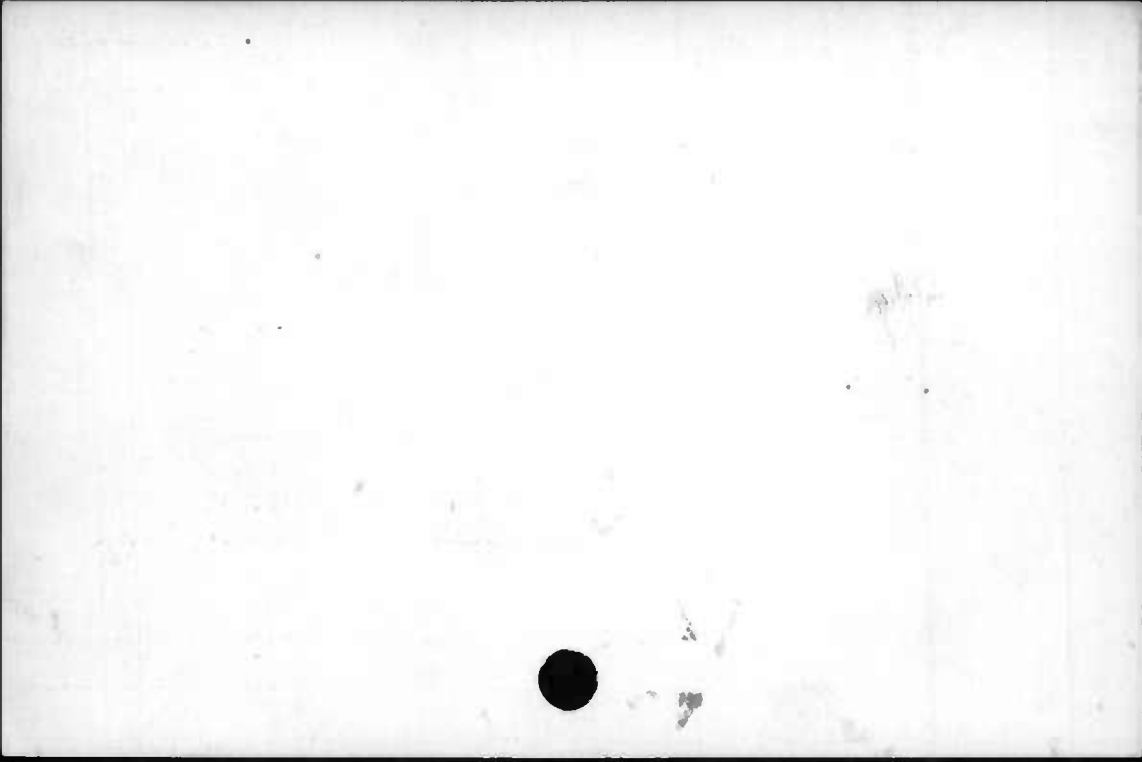
Address

J. M. Wilson, M.D.
Pocomoke City

Accident or Suicide?

r

PHYSICIAN
OR CORONER



Name
in
Full

Rosa Ballard

CERTIFICATE OF DEATH

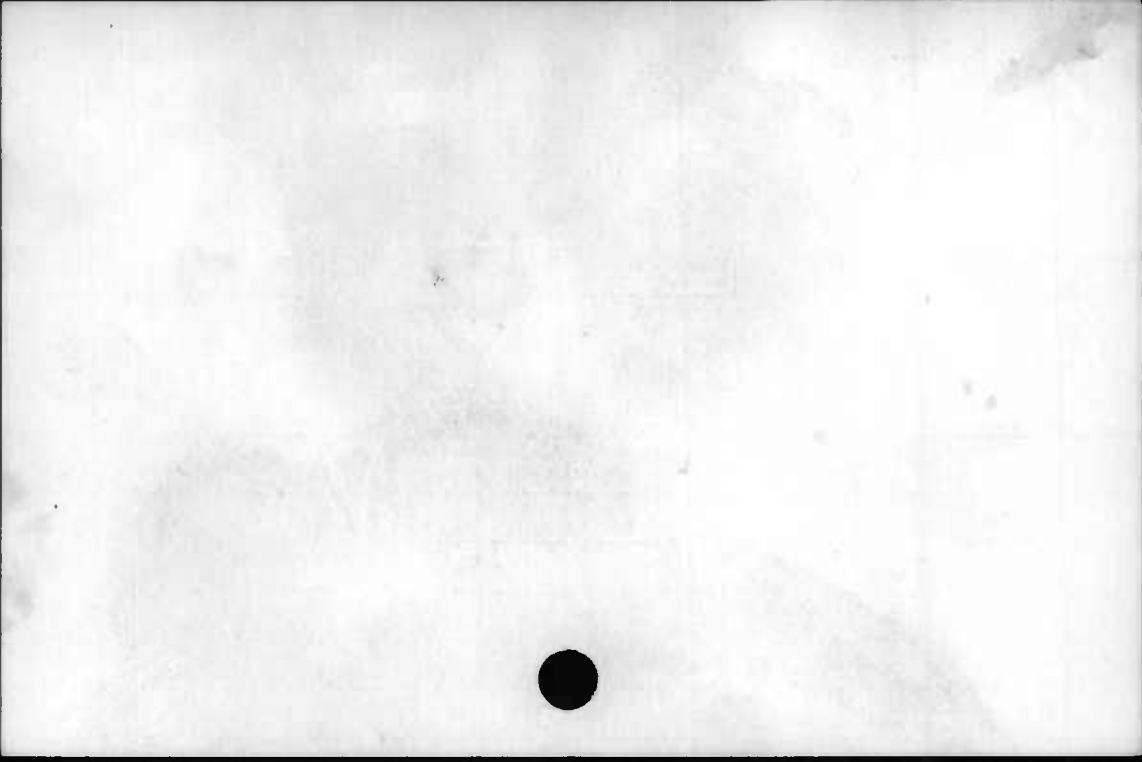
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke city</i>		Town <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>2</i>	Years <i>17</i>	Months		Days
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Worcester</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Pocomoke city</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Peter Ballard</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Mary Ballard</i>		Mother's Birthplace <i>do do do</i>					
Name of person giving information <i>Eufonia Holden</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>six months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel L. Quinn</i>
	Address <i>Pocomoke city Md</i>
Accident or Suicide?	



Name
In
Full

Geo. W Bুদ্ধ

CERTIFICATE OF DEATH

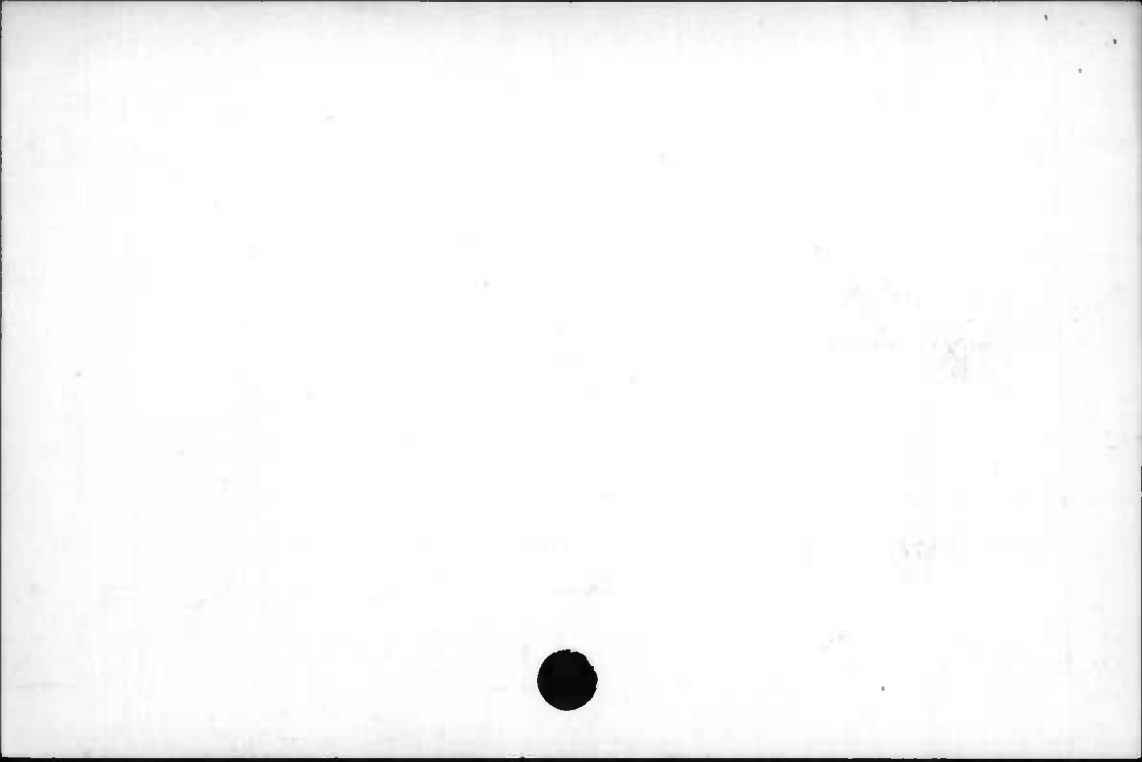
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{Town}		<u>Wm</u> ^{County}		MARYLAND	
Date of death 1906		Month 9	Day 23	Age 86	Months Days
Sex <u>male</u>	Color or Race <u>Cold</u>	Birth-place <u>md</u>			
Occupation <u>paid labor</u>	Where Residing if not at place of death <u>Berlin</u>				
Married, <u>Yes</u> <u>Married</u>	Name of Wife or Husband <u>Martha Buddell</u>				
Father's Name <u>General Buddell</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Burnah</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Jacob Buddell</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	How long <u>1</u>
Immediate <u>Volular Disease of heart</u>	How long <u>1 year</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Ely Holland</u>
<u>Yes</u>	Address <u>Berlin</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

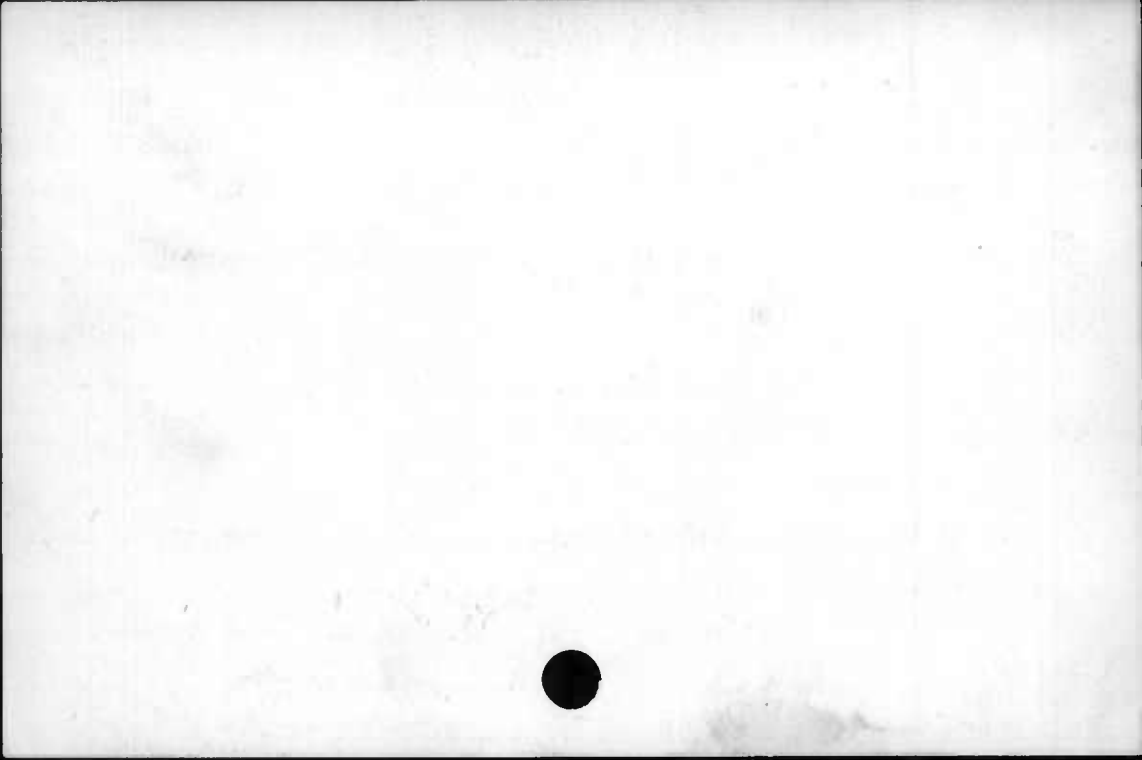
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	25th	Age	12
Sex	Male		Color or Race	Colored		Birth-place	Snow Hill and
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Levin Collick					Father's Birthplace	Snow Hill and
Mother's Maiden Name	Sarah Collick					Mother's Birthplace	Snow Hill and
Name of person giving information	Levin Collick					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever		How long	10 weeks
Immediate	Acute Gastritis		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes.		
Signature of Physician		John L. Riley, M.D.		
Address		Snow Hill, Md.		
Accident or Suicide?				



Name in Full		Not named.		Dennis		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Stockton		County Worcester		MARYLAND
	Date of death		1906	Month Sept.	Day 18 th	Age	Months 9
	Sex		male		Color or Race negro.		Birthplace Stockton.
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		Horace Dennis				Father's Birthplace near Stockton
	Mother's Maiden Name		Nancy Fisher				Mother's Birthplace Spring Hill.
Name of person giving information		Horace Dennis				How related to deceased Son.	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Spinal Paralysis				How long 63
	Immediate		Insultion				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Fred W. E. Quinn		
					Address Stockton Worcester Co. Md.		
	Accident or Suicide?						



Name
In Full

CERTIFICATE OF DEATH

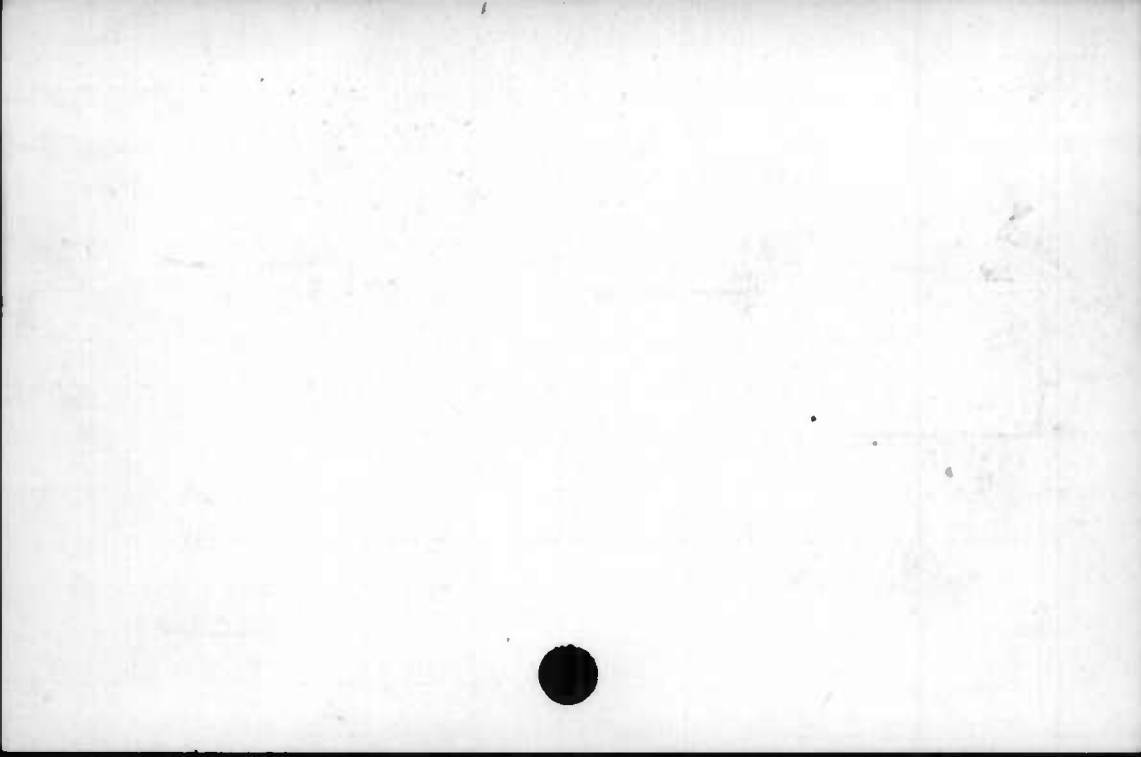
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Town</i> <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND			
Date of death	1906	Month <i>Sept.</i>	Day <i>26</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Md.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel Dryden</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Euthrie</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Samuel Dryden</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Encephalitis</i>	How long	<i>3 or 4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. D. Strang</i>
		Address	<i>Snow Hill. Md.</i>
<u>Accident or Suicide?</u>			



Name
in
Full

Beula Gin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pocomoke</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death	1906	Month	Sept.	Day	21	Years	Age 18
Sex	Female	Color or Race	Black	Months	6	Days	
Birthplace	Worcester Md						
Occupation	Day laborer			Where Residing if not at place of death			
				at place of death			
Single		Name of Wife or Husband					
Father's Name	Isaac Gin					Father's Birthplace	Worcester Md
Mother's Maiden Name	Hattie Fields					Mother's Birthplace	Virginia
Name of person giving Information	Isaac Gin					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Continued Fever	How long	one month
Immediate	Failure of vital forces	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J T Coates	
Address		Pocomoke Md	
Accident or Suicide?			



Name

In
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pocomoke City</i>		County <i>Wicomico</i>	
Date of death		Month <i>Sept</i>	Day <i>2</i>	Years <i>19</i>	Months Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>r</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John H. Henry</i>		
Father's Name	<i>Isaac H. Mills</i>		Father's Birthplace <i>Md.</i>		
Mother's Maiden Name	<i>Olivia Pymmet</i>		Mother's Birthplace <i>Md.</i>		
Name of person giving information			How related to deceased		
<i>John H. Henry</i>			<i>Husband.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Trachea</i>	How long	<i>6 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. M. Wilson, M. D.</i>	
		Address	
		<i>Pocomoke City</i>	
Accident or Suicide?			
<i>L</i>			



Name In Full Elva May Kump		CERTIFICATE OF DEATH			
Died at Berlin		County Mon.		MARYLAND	
Date of death 1906		Month 9	Day 4	Age —	Months 20
Sex Female		Color or Race White		Birth-place Md.	
Occupation —		Where Residing if not at place of death Berlin			
Married, Single Single		Name of Wife or Husband —			
Father's Name Oly Kump		Father's Birthplace Md.			
Mother's Maiden Name Lora Holloway		Mother's Birthplace Md.			
Name of person giving information Mrs Holloway		How related to deceased Grand Mother			
CAUSES OF DEATH					
Primary No Doctor		How long 174		How long	
Immediate No Doctor		Signature of Physician No Doctor		Address L. A. Massey	
Are the name, age, sex, color, date and place correctly given above?		Address H. O.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

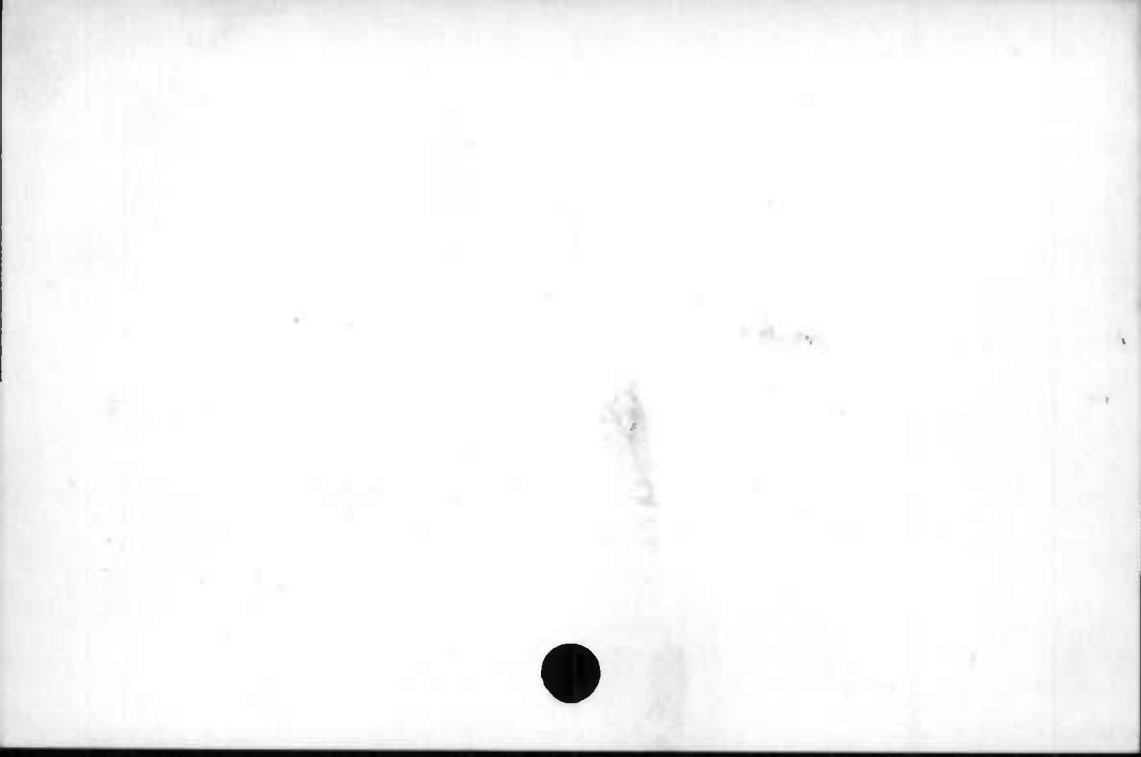
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary F Marshale</i>		Town <i>Promoke City</i>		County <i>Worchester</i>		State <i>MARYLAND</i>	
Died at <i>Promoke City</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>56</i>	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>56</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Promoke City</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>George Marshale</i>					
Father's Name <i>Isaac Barclay</i>		Father's Birthplace <i>Promoke City</i>					
Mother's Maiden Name <i>Maria Handy</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Maloma Gale</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonalis</i>	How long <i>seven months</i>
Immediate <i>Exhaustion</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David S. Quinn</i>
	Address <i>Promoke City, Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Pasomokeaty</i>		County <i>Proctor</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>30</i>	Age <i>50</i>	Months <i></i> Days <i></i>
	Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co</i>	
	Occupation <i>clerk</i>		Where Residing if not at place of death <i>Pasomoke City Md</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rebecca S Kelley</i>			
	Father's Name <i>Samuel Melvin</i>	Father's Birthplace <i>Worcester Co</i>			
	Mother's Maiden Name <i>Jane Blades</i>	Mother's Birthplace <i>Pa</i>			
	Name of person giving information <i>Lucille Melvin</i>		How related to deceased <i>Daughter</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Tuberculosis</i>		How long <i>4 years</i>		
	Immediate <i>Neurasthenia & Exhaustion</i>		How long <i>4 months</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel S. Quinn</i>		
			Address <i>Pasomoke City Md</i>		
	Accident or Suicide?				



Name
in
Full

Myron H. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at			Town		County		MARYLAND	
Date of death		Month	Day	Years	Months		Days	
1906		September	24	Age	14			
Sex	Male	Color or Race		Caucasian		Birth-place		
Occupation		Labourer		Where Residing if not at place of death		At Bishopville		
Married, Single or Widowed		Single		Name of Wife or Husband		None		
Father's Name		Lambert Hargis		Father's Birthplace		Maryland		
Mother's Maiden Name		Bell Moore		Mother's Birthplace		Maryland		
Name of person giving information		Dan Jones		How related to deceased		None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Emission of the Brain		How long		4 days	
Immediate		"		How long		"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		R. P. Collins			
Accident		Address		Bishopville			
Accident or Suicide?				Mo			



Name
in
Full

Clarence Elizabeth Parker

CERTIFICATE OF DEATH

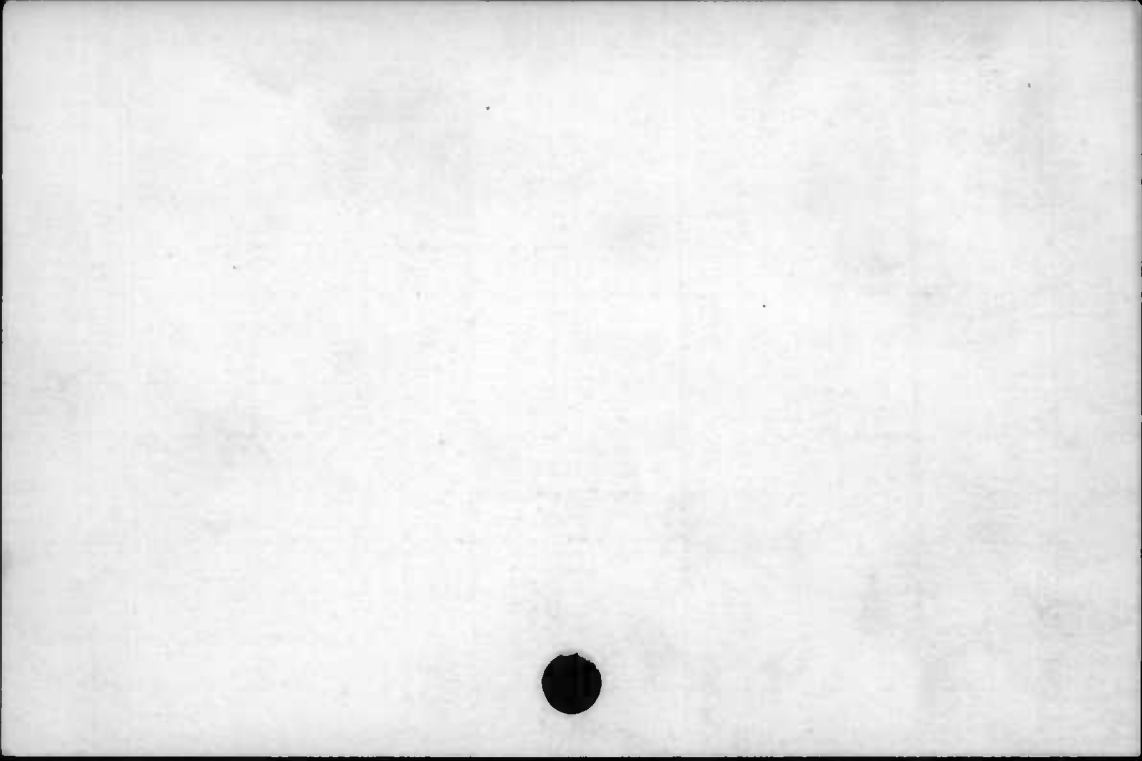
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Poconoke City		^{County} Gloucester		MARYLAND	
Date of death 1906		^{Month} Sept		^{Day} 29	
Age		^{Years} 29		^{Months} 8	
^{Days} 20		Sex Female		Color or Race White	
Birth place		Powellsville Md		Occupation House keeping	
Where Residing if not at place of death		Married, Single or Widowed Married		Name of Wife or Husband Wm E. Parker	
Father's Name Roder Littleton		Father's Birthplace Powellsville		Mother's Maiden Name Annie Bradford	
Mother's Birthplace Powellsville		Name of person giving information Geo. W. Littleton		How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	Two years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. Lee Hall	
		Address Poconoke City Md	
Accident or Suicide?			



Name in Full

Katie T. B. Permerell

Town

County

Ocean City

Worcester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

06

9

22

Age

27

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

2

Husband

of

Leslie Permerell

Wife

Father's

Name

James Lynch

Mother's

Maiden Name

Bessie Trassett

Cause of

Primary

How long sick

Death

Immediate

Dysentery - Collapse

~~Accident, Suicide, Homicide~~

Reported by

The Holland
Berlin Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Alexander Powell

CERTIFICATE OF DEATH

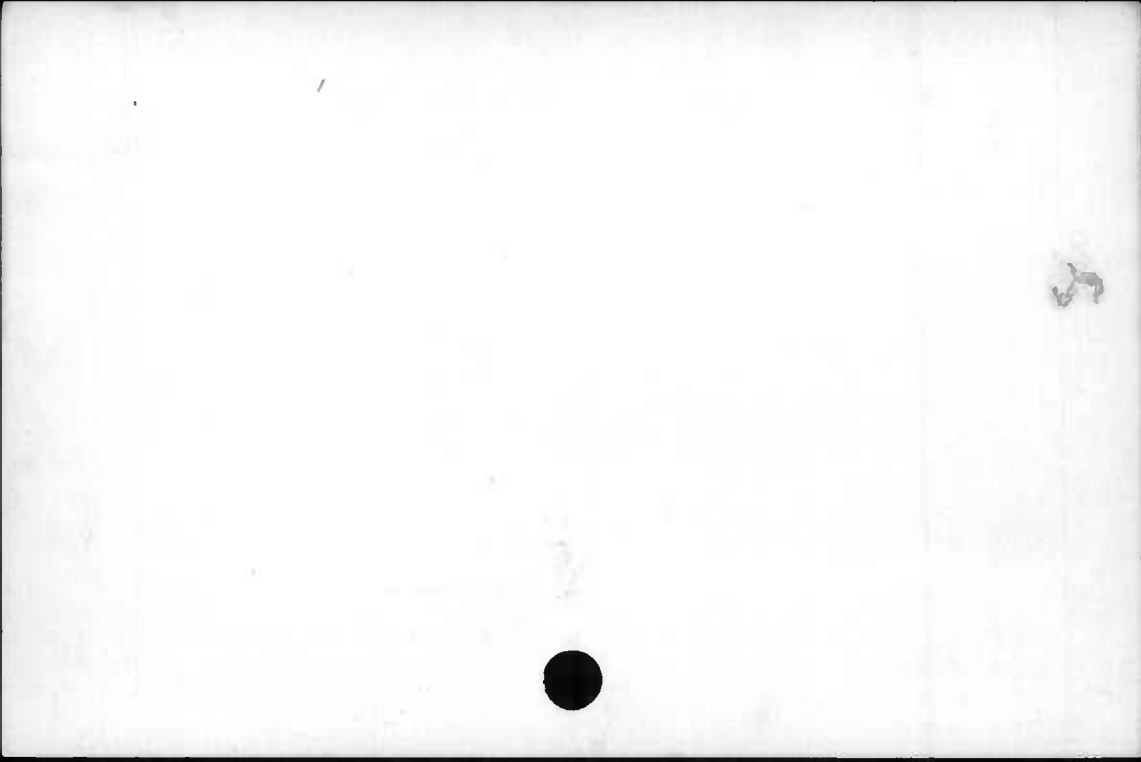
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Albion Dist		County Worcester		MARYLAND	
Date of death		Month Sept	Day 24	Age 72	Years	Months	Days
Sex Male		Color or Race White		Birth- place Worcester Co			
Occupation Farmer				Where Residing if not at place of death " "			
Married, Single or Widowed Married		Name of Wife or Husband Sarah E. Felt					
Father's Name Elijah Powell		Father's Birthplace Worcester					
Mother's Maiden Name Don't Know		Mother's Birthplace " "					
Name of person giving In formation Elijah Powell		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Inhereditary exhaustion	How long 27	How long 2 years
Immediate		How long 3 wks	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Samuel L. Loomis	
Address		Pocomoke City, Md	
Accident or Suicide?			



Name
in
Full

Rott. S. Powell

CERTIFICATE OF DEATH

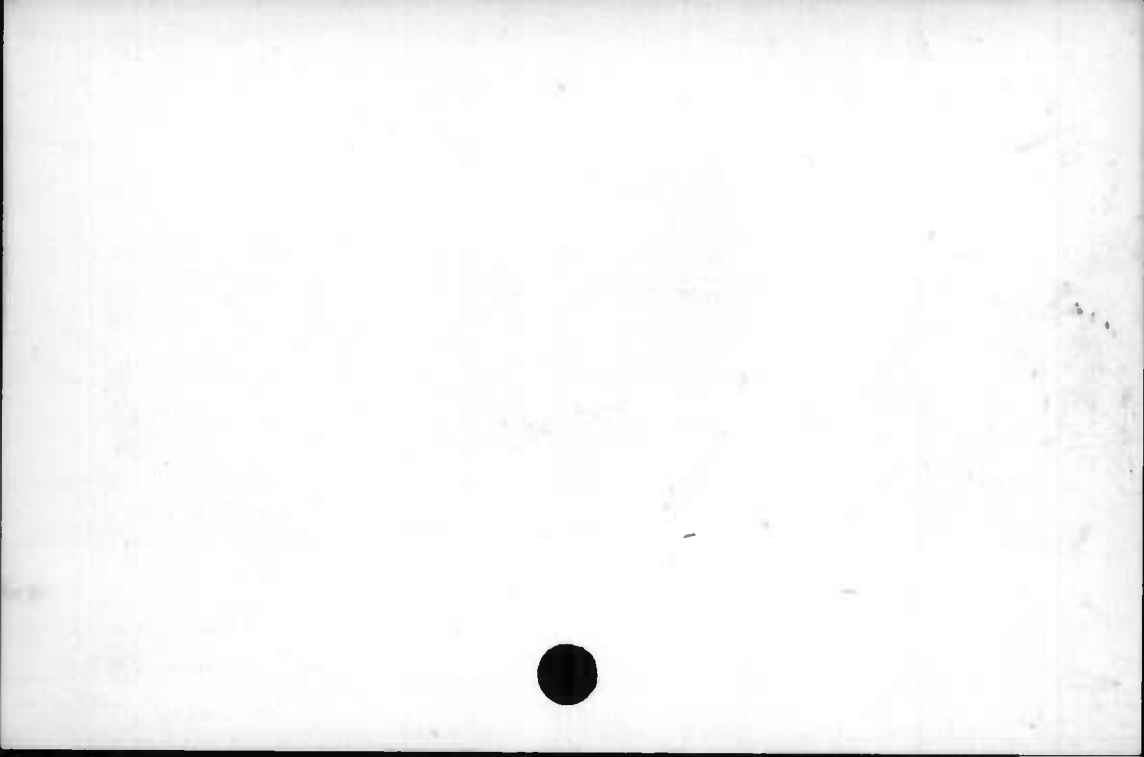
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County		MARYLAND	
Date of death	1906	Month	Sept.	Day	30	Age	46
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>		Months <i>6</i>	
Occupation <i>Mill Supt.</i>		Where Residing if not at place of death <i>Snow Hill. Ind.</i>		Years		Days	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name <i>Rott. J. Powell</i>		Mother's Maiden Name <i>Smith</i>		How related to deceased <i>wife</i>			
Name of person giving information <i>Mrs. R. S. Powell</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetes Mellitus</i>	How long	<i>4 years.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. D. Thompson</i>	
<i>Yes.</i>		Address <i>Snow Hill - Ind.</i>	
Accident or Suicide?			



Name
in
Full

William Powell

CERTIFICATE OF DEATH

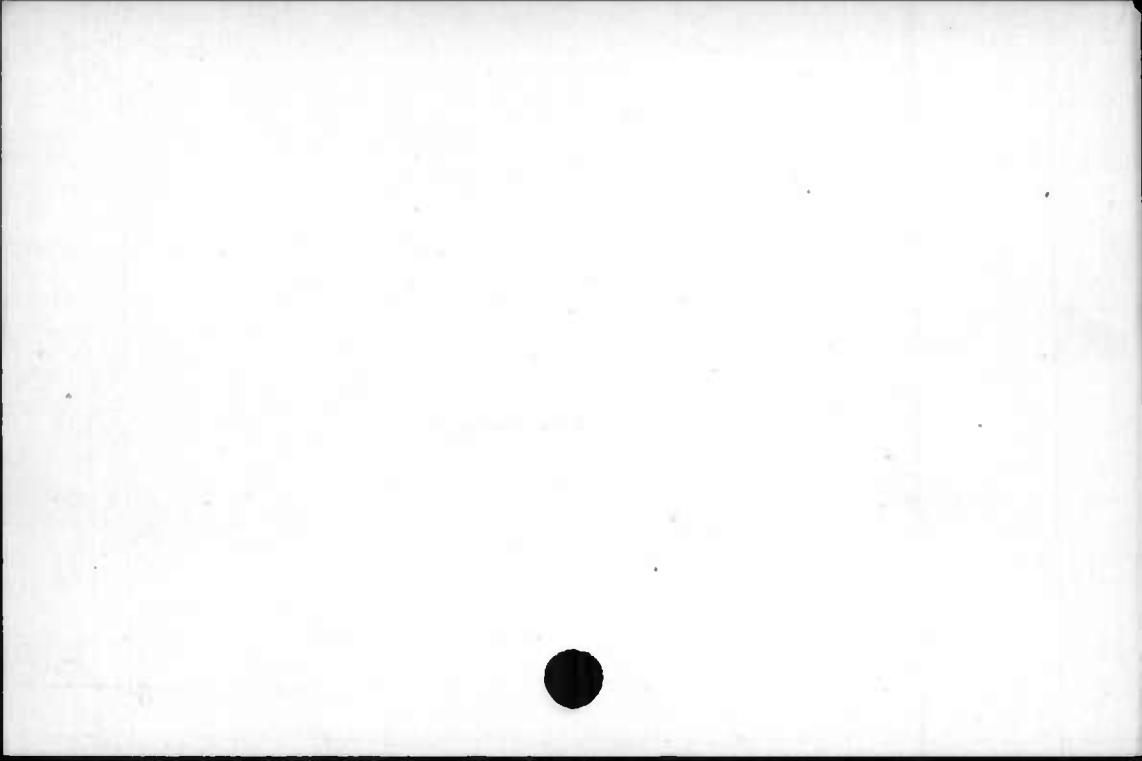
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>20</i>	Age <i>—</i>	Months <i>11</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Snow Hill</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Geo. H. Powell</i>		Father's Birthplace <i>Wor. Co. Md</i>			
Mother's Maiden Name <i>Cordelia Timmons</i>		Mother's Birthplace <i>Wor. Co. Md</i>			
Name of person giving information <i>Cordelia Powell</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro Enteritis</i>	How long <i>6 days</i>
Immediate <i>Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Selgrah Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death	1906	Month <u>Sept-</u>	Day <u>17</u>	Age <u>25-</u>	Months <u>25-</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birthplace <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed			Name of Wife or Husband		
Father's Name <u>Julie Purnell</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Lemuel Purnell</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Thermy White</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary</u>	How long <u>27</u> years
Immediate <u>Tuberculosis</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Anderson</u>
	Address <u>Berlin Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

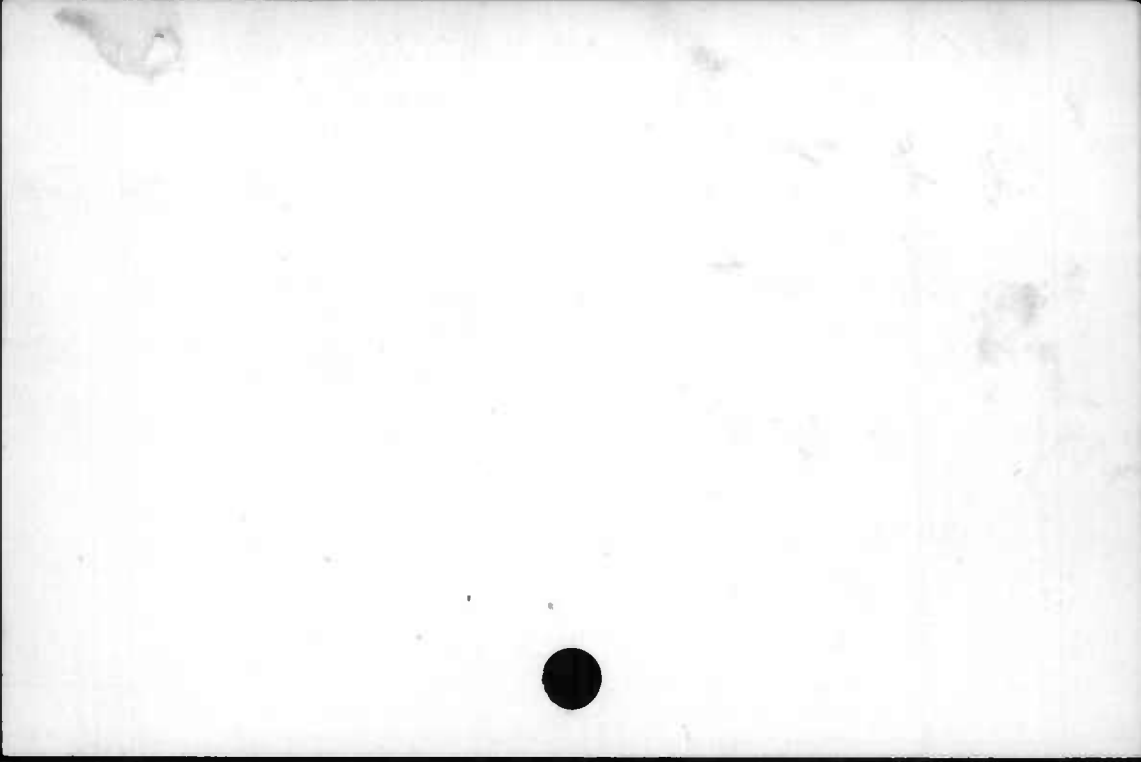
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>May Richardson</i>		Town <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Age <i>94</i>		Months <i>Sept</i> Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>domestic</i>		Where Residing if not at place of death <i>Pocomoke city</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Dykes</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>May Pusey</i>		How related to deceased <i>gr daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>indigestion</i>	How long <i>1 year</i>
Immediate <i>exhaustion</i>	How long <i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul J. L...</i>
	Address <i>Pocomoke city, Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

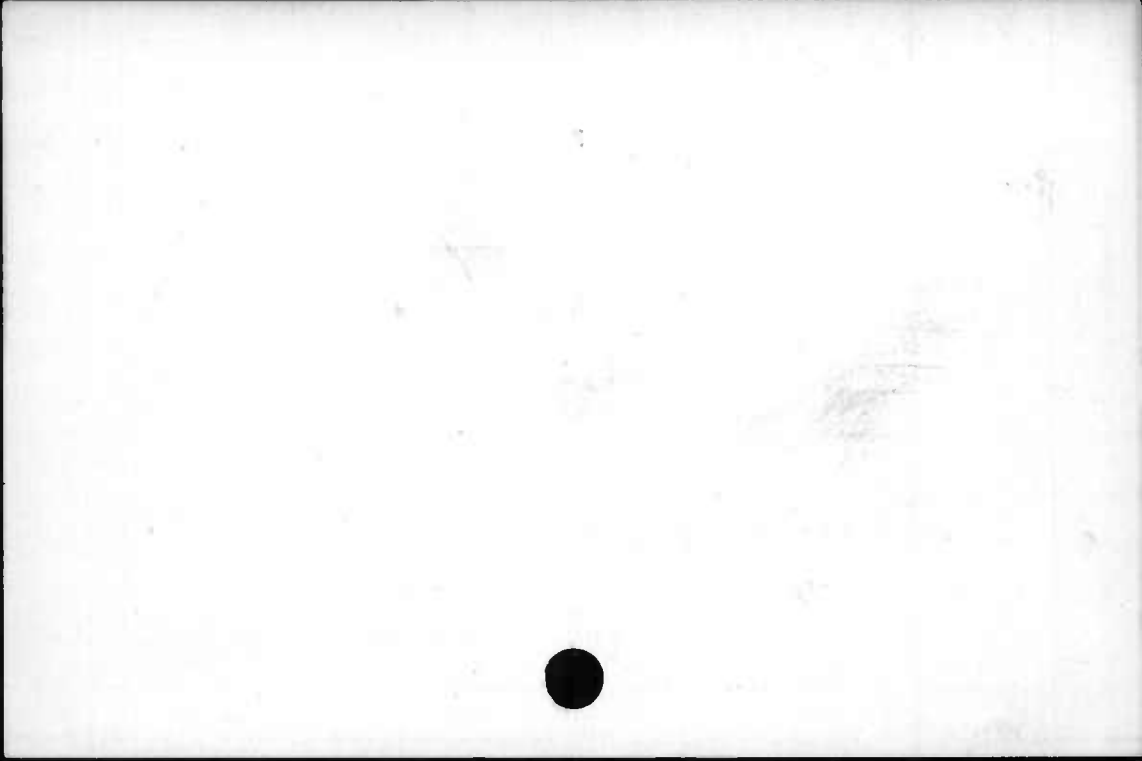
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Unnamed</i>		Town <i>Pocomoke City</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
		1906 Sept 13		Years		Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Pocomoke City</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas Stokely</i>		Father's Birthplace <i>" "</i>					
Mother's Maiden Name <i>Hattie Quinn</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Stewart Dyer</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Quinn</i>	
		Address <i>Pocomoke City, Md</i>	
Accident or Suicide?			



Name
in
Full

Thomas A. Jingle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berlin</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	<i>9</i> ^{Month}	<i>31</i> ^{Day}	Age <i>77</i> ^{Years}	<i>9</i> ^{Months} <i>6</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Gentleman</i>		Birth-place	<i>Md.</i>	
Where Residing if not at place of death		<i>Md.</i>			
Married, Yes or Widowed	Name of Wife or <i>Laura Jingle</i>				
Father's Name	<i>Dr. Nathaniel Jingle</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Elizabeth Jingle</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>Laura Jingle</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Softening of Brain?</i>	How long	<i>15</i>
Immediate	<i>Softening of Brain?</i>	How long	<i>18 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. W. Pitts.</i>	
		Address	
		<i>Berlin, Maryland</i>	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

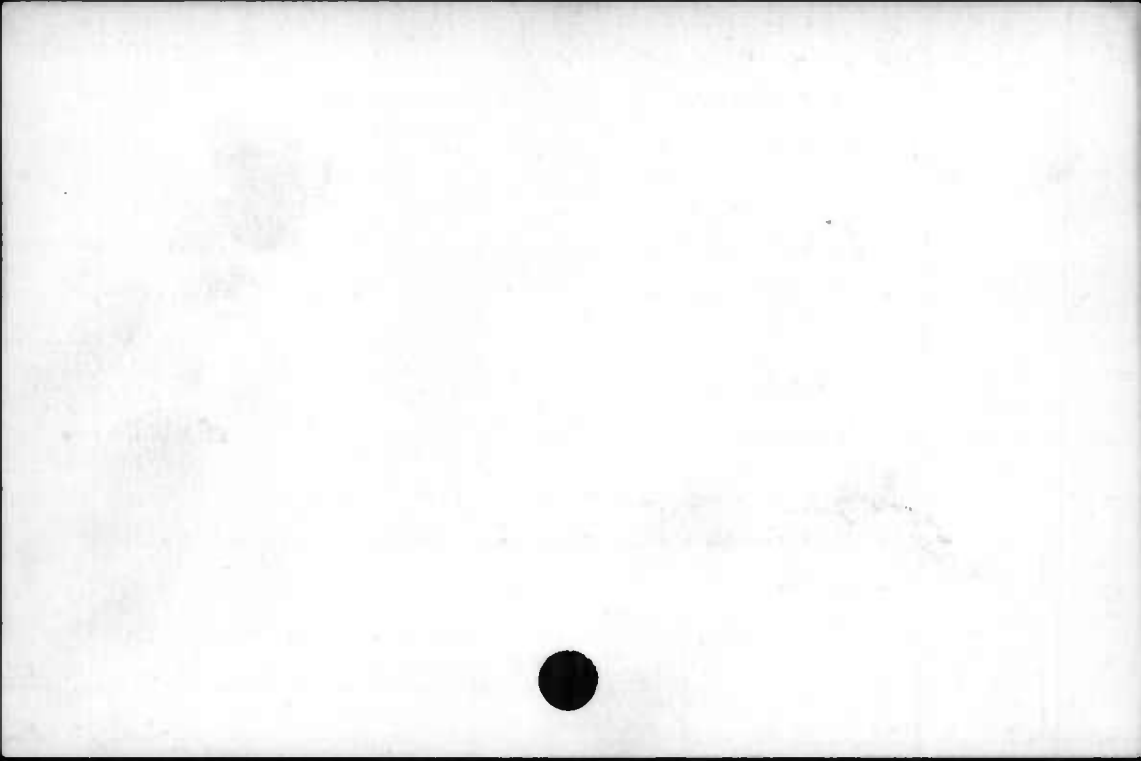
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James Trader</i>		County <i>Monester</i>		MARYLAND	
Town <i>Whitburn</i>		County <i>Monester</i>		State <i>Md.</i>	
Date of death	1906	Month	Sept	Day	4
Age	70	Years	4	Months	4
Sex	Male	Color or Race	white	Birthplace	Md.
Occupation	Retired farmer	Where Residing if not at place of death	Pocomoke City Md.		
Married, Single or Widowed	Widowed	Name of Wife or Husband	—		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	John Baylis			How related to deceased	Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Anger's Heart</i>	How long	<i>19</i>
Immediate	<i>Sudden Collapse</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Wilson, M.D.</i>
		Address	<i>Pocomoke City</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

Arba Tucker

CERTIFICATE OF DEATH

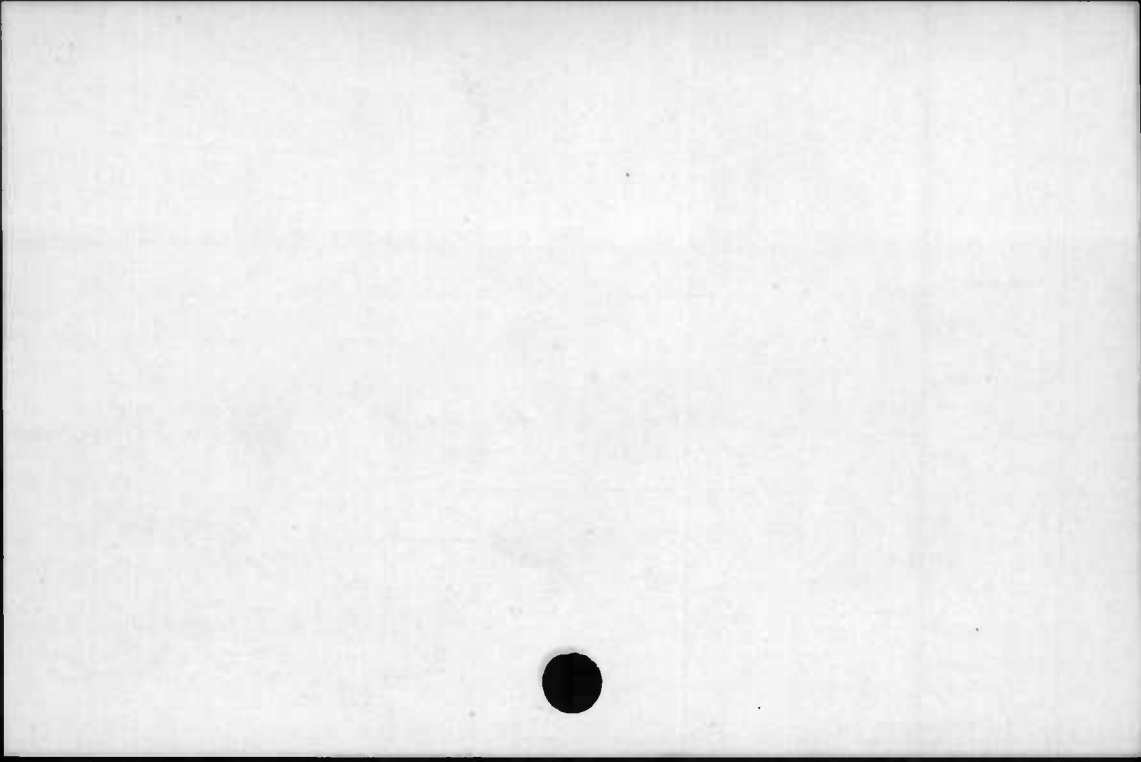
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Beulin</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>3</i>	Years <i>87</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Don't know</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Beulin</i>					
Married, Single		Name of Wife or Husband <i>Annice Tucker</i>					
Father's Name <i>don't know</i>		Father's Birthplace <i>don't know</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>don't know</i>					
Name of person giving information <i>Annice Tucker</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure & Paralysis</i>	How long	<i>2 Years</i>
Immediate		How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>No Doctor</i>	
		Address <i>D. A. Massey</i>	
Accident or Suicide?		<i>H. Officer</i>	



Name
In
Full

CERTIFICATE OF DEATH

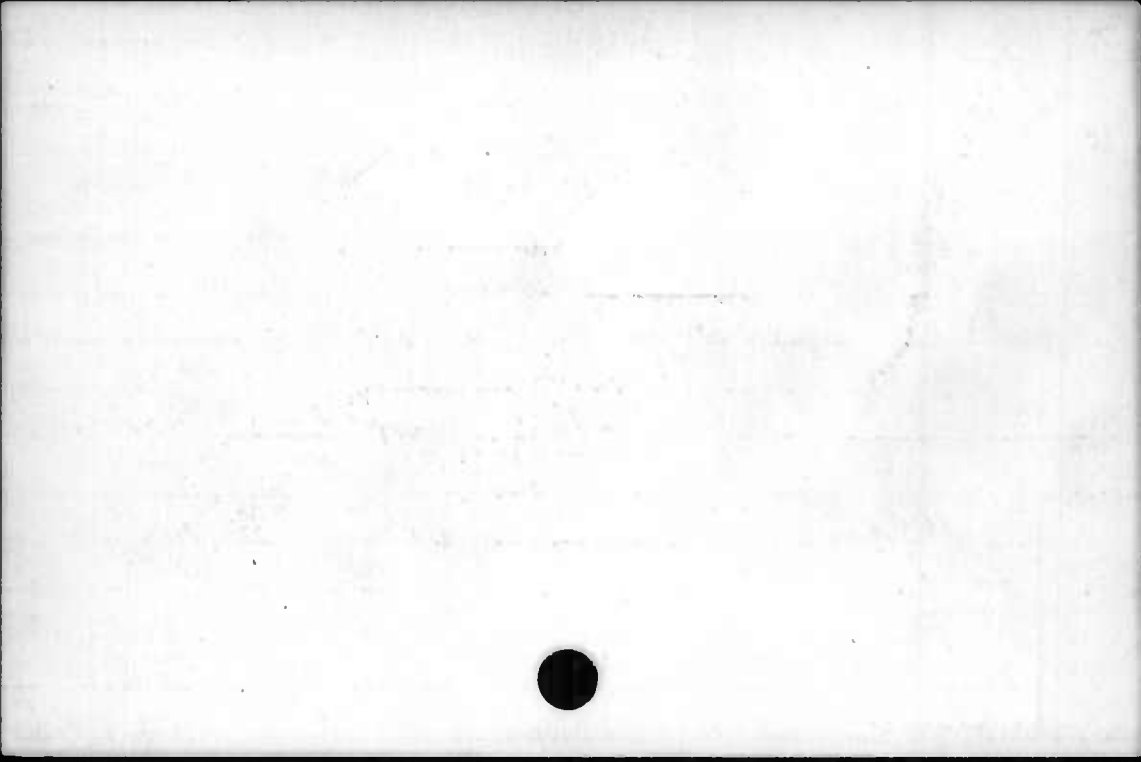
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Hazel Wilson Vincent</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Snow Hill</i>		Month <i>Sept.</i>		Day <i>24</i>		Years <i>21</i>	
Date of death <i>1906</i>		Months <i>10</i>		Days <i>12</i>			
Sex <i>Female</i>		Color & Race <i>white</i>		Birthplace <i>Snow Hill, Md.</i>			
Occupation <i>✓</i>		Where Residing if not at place of death <i>Snow Hill, Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife Husband <i>George W. Vincent.</i>					
Father's Name <i>Stephen H. Wilson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Cardelia A. Catlin</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Miss. Minnie Wilson</i>		How related to deceased <i>Sister.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria</i>	How long <i>6 weeks</i>
Immediate <i>Uraemia Coma</i>	How long <i>15 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>y/no.</i>	Signature of Physician <i>W. D. H. Tracy M.D.</i>
	Address <i>Snow Hill, Md.</i>
Accident or Suicide? <i>✓</i>	



Name In Full		Unmarried Watson				CERTIFICATE OF DEATH	
Died at		Town Pocomoke City -		County Worcester		MARYLAND	
Date of death		1906	Month Sept	Day 21	Age	Years	Months Days
Sex		Female		Color or Race		Caucasian	
Occupation		None		Where Residing if not at place of death		Pocomoke City Md	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John Watson				Father's Birthplace	
Mother's Maiden Name		Lena Nuck				Mother's Birthplace	
Name of person giving information		Sabra Bailey				How related to deceased	
CAUSES OF DEATH							
Primary		Stice Burn				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. S. Quinn	
				Address		Pocomoke City	
Accident or Suicide?							

Mr King. Subreg